

SERIAL NUMBER 09/045,734	FILING DATE 03/20/1998	CLASS 600	GROUP A 3736	ATTORNEY DOCKET NO 2000SD
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APPLICANT
JOANNE SYLVIA LUCIANO, CAMBRIDGE, MASSACHUSETTS.

CONTINUING DOMESTIC DATA***
VERIFIED PROVISIONAL APPLICATION 60/041,287 03/21/1997

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

FOREIGN FILING LICENSE GRANTED 04/03/1998 SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met Allowance	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY MA	SHEETS DRAWINGS 21	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
Verified and acknowledged _____ Examiner's Name Initials					

ADDRESS
SHARON L DAY
9 PLEASANT STREET
SHARON, MA 02067

TITLE
METHOD FOR PREDICTING THE THERAPEUTIC OUTCOME OF A TREATMENT FOR AN AFFECTIVE DISORDER

FILING FEE RECEIVED \$**395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of Time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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